DEMANDS OF DIGITAL HEALTHCARE IN CHINA: WHY CHINA IS "NOT" AN AGED PEOPLE FRIENDLY PLACE?

DR BIAO ZENG, ITALKTONE LAB, BOURNEMOUTH UNIVERSITY



WHY JUST EMAILING ELDERLY RELATIVES CAN DOUBLE RISK OF DEPRESSION: OLD PEOPLE NEED TO SEE THEIR FAMILY THREE

TIMES A WEEK





QUALITY OF DEATH INDEX



Unit

The 2015 Quality of Death Index Ranking palliative care across the world

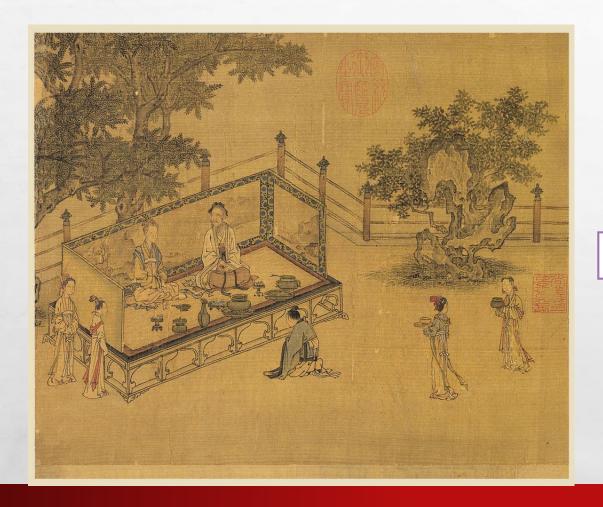
A report by The Economist Intelligence Unit



- PALLIATIVE AND HEALTHCARE ENVIRONMENT (20% WEIGHTING, 4 INDICATORS)
- HUMAN RESOURCES (20% WEIGHTING, 5 INDICATORS)
- AFFORDABILITY OF CARE (20% WEIGHTING, 3 INDICATORS)
- QUALITY OF CARE (30% WEIGHTING, 6 INDICATORS)
- COMMUNITY ENGAGEMENT (10% WEIGHTING, 2 INDICATORS)

PALLIATIVE CARE AROUND THE WORLD & CASE STUDIES UK World leader CHINA MALAWI Challenges ahead The kids are all right Rank: 27 Rank: 1 Rank: 71 Rank: 66 • Score: 58.6 • Score: 93.9 • Score: 23.3 • Score: 27.0 A leader in palliative Facing difficulties Highest number of · Leading the way in palliative care services care thanks to extensive from slow adoption of children's palliative care among less developed in region and long-running integration into National palliative care and a national programme Health Service and strong rapidly ageing population nations have greatly benefitted hospice movement, but quality of care improvements still needed as life expectancy grows KEY 80 - 95 40 - 60 20 - 40 TAIWAN Leading the way Rank: 34 Rank: 23 Rank: 6 Rank: 28 • Score: 48.5 Score: 63.4 Score: 83.1 • Score: 57.7 · Supported by government, · Though many pockets of · Ranked 1st in Asia, · Led by Dr Odontuya religious and philanthropic excellence existed before, Taiwanese palliative care Davaasuren, palliative funding, South Africa eg in Catalonia, national is widely available, care in Mongolia has offers the best palliative strategy unified approach affordable and compretransformed from almost care in Africa across 17 regional health hensive non-existent to the best systems and raised in the low-income national standards countries bracket The biggest problem is that our healthcare systems are designed to provide acute care when what we need is chronic care... That's still the case almost everywhere in the world - Stephen Connor, senior fellow at the Worldwide Hospice Palliative Care Alliance

THE END OF FILIAL PIETY?









Section 1997 And 1997

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Age of

7

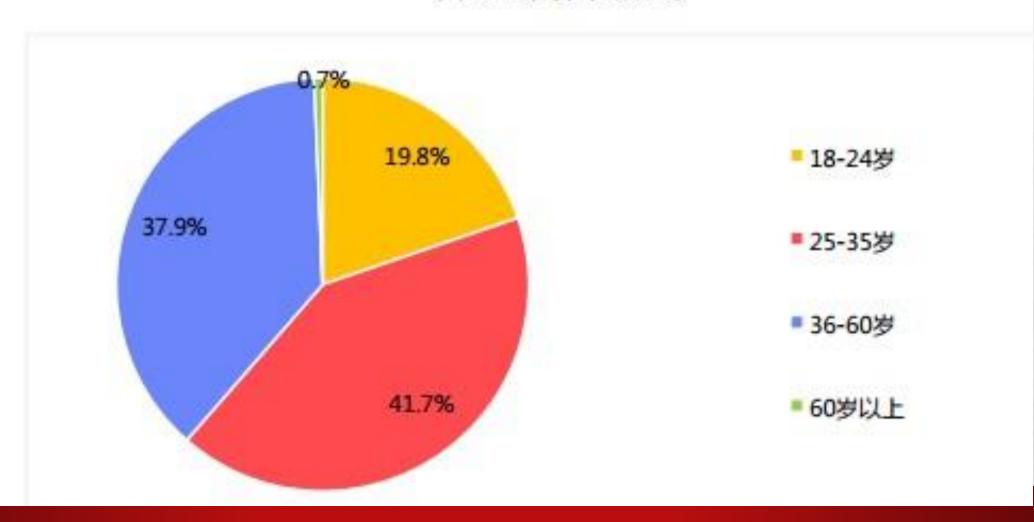
USER'S NUMBER

150,000,000

AGED USER (60-YEAR+)

0.70/0

图 2-6 乘客年龄分布



The second secon

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April 1



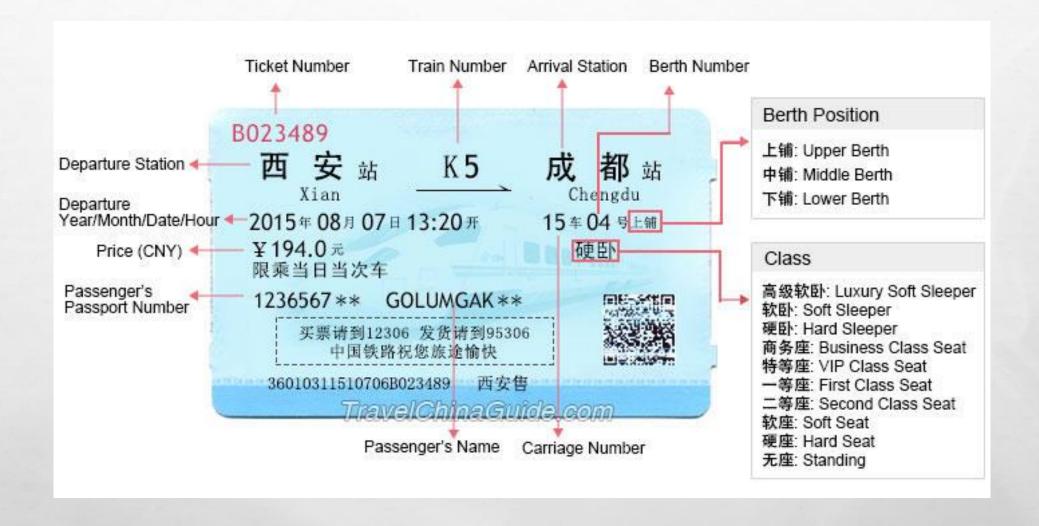
250KM/H, 19,000KM, 60% 819 MILES

400 MILES









第一次主义人工的主义人

HEALTHCARE FACTS

- AN AVERAGE RATE OF 11.8 PERCENT A YEAR IN 2014-2018,
- REACHING \$892 BILLION BY 2018.
- SPENDING WILL BE DRIVEN PRIMARILY BY CONSUMERS' RAPIDLY INCREASING INCOMES AND THE GOVERNMENT'S PUBLIC HEALTH CARE REFORMS.2

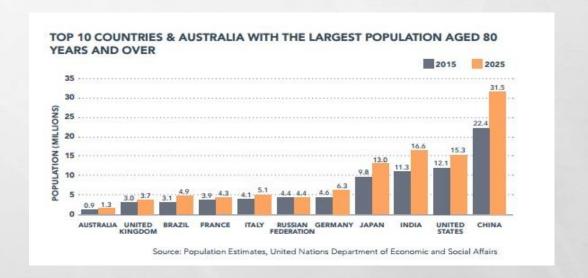
FACTS ABOUT CHINA



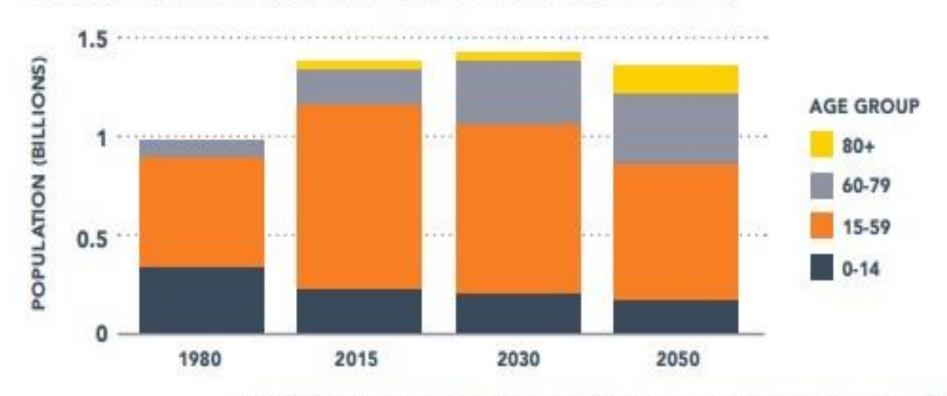
DEMOGRAPHICS

POPULATION SNAPSHOT 2015 2030 2050 TOTAL 1.38 billion 1.42 billion 1.34 billion POPULATION POPULATION 209 million 358 million OVER 60 YEARS POPULATION 41 million 120 million 22 million **OVER 80 YEARS**

Source: Population Estimates, United Nations Department of Economic and Social Affairs



CHINA'S DEMOGRAPHIC AGE STRUCTURE (1980 - 2050)

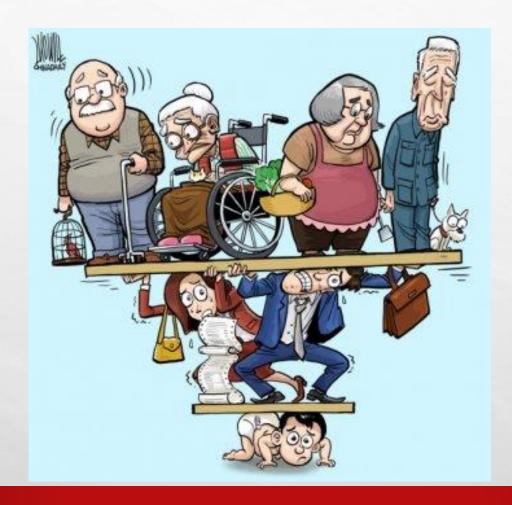


Source: Population Estimates, United Nations Department of Economic and Social Affairs

HOME CARE



"4-2-1" FAMILY



LACK OF ESTABLISHED SERVICE MODEL



LACK OF SKILLS QUALIFICATIONS



RATIO OF WORKERS AND RETIREES

AFTER 20 YEARS.....

CASE STUDY:POST-STROKE CARE

2,500,000 PER YEAR

(SCOTLAND POPULATION 5.4 M)

SOME FACTS

- GLOBALLY THE SECOND LEADING CAUSE OF DEATH IN THOSE 60 YEARS
- IN CHINA, WITH 1.4 BILLION POPULATIONS, THE ANNUAL STROKE MORTALITY RATE IS APPROXIMATELY 1.6 MILLION, APPROXIMATELY 157 PER 100 000, WHICH HAS EXCEEDED HEART DISEASE TO BECOME THE LEADING CAUSE OF DEATH AND ADULT DISABILITY.
- STROKE CAUSES APPROXIMATELY 116 DEATHS IN POPULATION OF 100 000 IN CITIES AND 111 DEATHS IN RURAL AREAS.

COST AND IMPACT

- STROKE HAS HAD A SIGNIFICANT IMPACT ON HEALTHCARE EXPENDITURES AND THE CHINESE ECONOMY.
- IN 2004, THE AVERAGE FEE FOR STROKE ADMISSION WAS 6356 RMB (£706), WHICH WAS 2TIMES THE ANNUAL INCOME OF RURAL RESIDENTS.
- THE COST FOR STROKE CARE BY THE GOVERNMENT-FUNDED HOSPITALS WAS 1.17 BILLION RMB IN 2003 AND 8.19 BILLION IN 2009 (117% INCREASE ANNUALLY).
- NOW THE ANNUAL COST OF STROKE CARE IN CHINA IS APPROXIMATELY 40 BILLION RMB (£4.4 BILLION),
 10 TIMES HIGHER THAN THE CARE OF CARDIOVASCULAR DISEASES.

COMMUNICATION DIFFICULT

40%

DEMANDS FOR POST-STROKE CARE

- COMMUNICATION
- INDEPENDENT
- SAFE

























广州润杰医疗器械有限公司







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Healthy Brainwave for Everyone

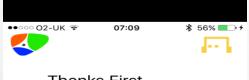




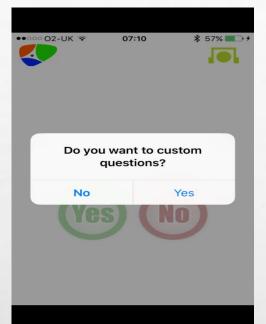


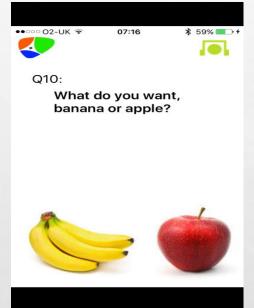
EEGLIFE: SMART GLASS





Thanks.First connection succeed, please blink again.









Q1:Yes,I know EEG glass. Q2:No, I don't like to go for a stroll.

Q3:No, It's not.

Q4:No, I don't have any train ticket.

Q5:No, Liming is not my son. Q6:No, I can't lend you two hundred quid.

Q7:No, I don't want to have lunch at Wagamama.

Q8:No,8 plus 16 is not equal to 14 plus 7.

THANK YOU















Speech, BCI and Neuroscience